M23000011417

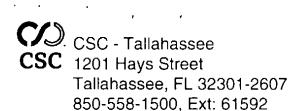
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
_ PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
-	

Office Use Only



500414578915

2023 SEP -5 AM 10: 46 RECEIVED



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/05/23 Order #: 1260913-1

Re: HON JV III Titleholder, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

ECT:	HON JV III Titleholder, LLC	
rχ., [;	Nam	e of Limited Liability Company
nclosed nce, an	I "Application by Foreign Limited Liability of the deck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Fl
return	all correspondence concerning this matter to	o the following:
	Andrew Ludwig	
		Name of Person
	High Opportunity Neighborhood Ma	anagement, LLC
		Firm/Company
	8333 Douglas Ave, Ste 925	
		Address
	Dallas, TX, 75225	
	C	ity/State and Zip Code
	al@honpartners.com	
	l2-mail address: (to be	used for future annual report notification)
rther in	nformation concerning this matter, please cal	II:
And	drew Ludwig	785 608-4971 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: see make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite	d Liability Company," "L. L.C.," or "LLC.")	
(if name unavailable, enter alternate	nume adopted for the purpose of transacting business in F.	forida. The alternate name must include "Limited Lia	ability Company," "L.L. C," or "LLC.")
Texas 2.		92-0619243	
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number	er, if applicable)
6/16/2023			
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	
8333 Douglas Ave, Ste 925		8333 Douglas Ave, Ste 92	25
5. (Street Address of Principal Office)		6. (Mailing Address)	
Dallas, TX, 75225		Dallas, TX, 75225	
			·
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	2023 SEP -
		NOT acceptable)	2023 SEP -5 AMI
Name:	Corporation Service Company	NOT acceptable) 32301, Florida	2023 SEP -5 AM 10: 01

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name: Grant Herlitz Name: Matthew Berke □Manager □Manager Address: ____ 8333 Douglas Ave, Ste 925 Address: ____ 8333 Douglas Ave, Ste 925 □Member | □Member Dallas, TX, 75225 Dallas, TX, 75225 ■ Authorized ■ Authorized Person Person Other___ □ Other Other Other Name: Andrew Ludwig □Manager □Manager Name: _____ Address: ___ 8333 Douglas Ave, Ste 925 □Member □ Member Address: Dallas, TX, 75225 ■ Authorized □ Authorized Person Person □Other_____ □ Other Other □Other □Manager Name: Name: □Manager □ Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other____ □Other Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Andrew Ludwig

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HON JV III Titleholder, LLC (file number 804737502), a Domestic Limited Liability Company (LLC), was filed in this office on September 20, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 02, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave-Helson

Jane Nelson Secretary of State